DOCKET NO. UM 1726

Cover Sheet for Submission of 2015 Annual ETC Certification Reports

| Name of Eligible Telecommunications Carrier: Eagle Telephone System, INC dba Snake River PCS |
|---|
| Filing date: 6/29/2015 |
| Is this: Original submission?X OR Revised submission? |
| Person to contact for questions: |
| Name: Brandi Sangster |
| Phone Number: <u>541-893-6115</u> |
| E-mail Address: eagle@eagletelephone.com |
| Documents included in this filing (please check applicable items): |
| CAF/ICC Support (47 CFR § 54.304) |
| Rate Floor Data (47 CFR § 54.313(h)) |
| X_ Form 481 (High-cost per 47 CFR § 54.313, Low-income per 54.422) ¹ |
| Form 690 (Mobility Fund per 47 CFR § 54.1009) |
| X Affidavit for High-Cost Support |
| Filing deadlines: The deadlines for filing items required by 47 CFR § 54 are the same as the deadlines for filing with the FCC. The notarized affidavit for high-cost support must be filed no later than the due date for the FCC Form 481. Based on current information, it appears that all items other than CAF/ICC support data are due by July 1, 2015. The |

CAF/ICC support data are due the same day as the ETC's interstate access tariff filing.

¹ Lifeline-only ETCs must provide all information specified in 47 CFR § 54.422(b) even if the ETC does not submit this information to the FCC.

DOCKET NO. UM 1726

If revisions to an original submission are filed with the FCC or USAC, a copy of the revisions must be filed with the Oregon Commission no later than five business days following submission to the FCC or USAC.

FILING INSTRUCTIONS

Please file submissions in Docket No. <u>UM 1726</u>. You do not need to include a cover letter if you use the cover sheet. Please fill in all relevant information.

Filings must be electronically submitted to the PUC Filing Center. You may e-mail documents to puc.filingcenter@state.or.us. Please note that the upload process is no longer an option for filing. See the PUC website for further instructions. If selected portions of documents, e.g., network plans, are to receive confidential treatment, those portions should not be filed electronically. You may electronically file redacted versions of documents containing confidential information, but then follow-up by sending full versions including confidential information printed on yellow paper.

After filing electronically, please send two hard copies of the filing package (cover sheet and filed information) to the PUC Filing Center. Be sure to include the original affidavit with the raised seal or notary's mark evident. Hard copies of confidential material should be filed in accordance with confidential designation requirements described in OAR 860-011-0080.

Regular delivery methods may be used to send all hard copy documents; overnight or express delivery is not necessary. As the Commission will be moving to new offices at the end of June, please send hard copy documents to the Filing Center <u>via US mail</u> using the following post office box address:

Public Utility Commission of Oregon Attn: Filing Center PO Box 1088 Salem, OR 97308-1088

If you have any questions regarding the reporting requirements, please contact Kay Marinos at 503-378-6730 or send an e-mail to Kay.Marinos@state.or.us.

Mike Lattin

From:

Form481@usac.org

Sent:

Monday, June 29, 2015 2:31 PM

To:

mike@eagletelephone.com

Subject:

Form 481 Certification Confirmation



Form 481 Certification Confirmation

Congratulations. Your filing has been successfully certified.

Filing Number: 1

Certification Date and Time: Mon Jun 29 17:31:04 EDT 2015

Filing Created By: mike@eagletelephone.com

SAC: 539007

SPIN: 143034497

Carrier: EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS

Program Year: 2016

This is a system generated email. Please do not respond to this message.

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USAC Home | High Cost Program | Search Tools | Form 481

CONFIRMATION

Congratulations. Your filing has been successfully certified.

Filing 1 was successfully certified on Mon 29 Jun 15 05:28:15 PM EDT by mike@eagletelephone.com .

SAC:

539007

SPIN:

143034497

21.114.

Carrier Name: EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS

Program Year: 2016

A confirmation email will be sent to the email address on record for your user ID. Please email USAC at HCCERTS@USAC.ORG if you do not receive this email within 24 hours.

Return to 481 Search Print Confirmation Page

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Website & Privacy Policies

| FCC Fai | m 481 - Carrier Annual Reporting Data Collection Form | | FCC Farm 481 OMB Control No. 34 July 2013 | 060-0966/OMB Control No. 3060-0819 |
|----------------|---|----------------------|--|--|
| <010> | Study Area Code | 539007 | | |
| <015> | Study Area Name | EAGLE TELEPHONE S | YSTEMS, INC. DBA SNAKE RIVER PCS | |
| <020> | Program Year | 2016 | | <i>2</i> |
| <030> | Contact Name: Person USAC should contact with questions about this data | Brandi Sangster | | |
| <035> | Contact Telephone Number: Number of the person identified in data line <030> | 5418936115 ext. | | To see the second of the |
| <039> | Contact Email Address: Email of the person identified in data line <030> | eagle@eagleteleph | one.com | |
| ANNUA | AL REPORTING FOR ALL CARRIERS | | | 54:313' 54:422 Completion Completion Required Required (check box when complete) |
| <100> | Service Quality Improvement Reporting | | (complete attached worksheet) | 1 11/1/1/1/1/1 |
| <200> | Outage Reporting (voice) | | (complete attached worksheet) | / / |
| <210> | ✓ < check box if no | o outages to report | # # # # # # # # # # # # # # # # # # # | 1 100000 |
| <300> | Unfulfilled Service Requests (voice) | | | 100000000000000000000000000000000000000 |
| <310> | Detail on Attempts (voice) | | | |
| | | | (attach descripti | ve accunent |
| <320> | Unfulfilled Service Requests (broadband) | | | |
| <330> | Detail on Attempts (broadband) | | (attach descrip | ntive document) |
| | | | 59 | |
| | Number of Complaints per 1,000 customers (voice) | | | |
| <410> <420> | Fixed 0-0 Mobile 0.0 | | £ | 1 1 |
| <430> | Number of Complaints per 1,000 customers (broad | lband) | | |
| <440> | Fixed | | | |
| <450> <500> | Mobile Service Quality Standards & Consumer Protection is | Rules Compliance | (check to indicate certification) | V V |
| | 539007 line 510 2015.pdf | | | × , |
| <510> | ** | | (attached descriptive document) | 1 1 |
| | | | | |
| <600> | Functionality in Emergency Situations | | (check to Indicate certification) | |
| | 539007line6102015.pdf | | - Province som any demonstration and the August Strategies (August Strategies) | |
| | * | | (attoched descriptive document) | 1 1 |
| <610> | | | | |
| <700> | Company Price Offerings (voice) | | (complete attached worksheet) | |
| <710> | Company Price Offerings (broadband) | | (complete attached worksheet) | 11/11/12 |
| | Operating Companies and Affiliates | | (complete attached worksheet) | |
| | Tribal Land Offerings (Y/N)? Volce Services Rate Comparability Certification | 9 | (If yes, complete attached worksheet) | |
| ~1000> | Force Services nate comparamity Certification | • | Not Applicable | |
| <1010 | > | | (attach descriptive document) | |
| <1100 | > Certify whether terrestrial backhaul options exist | (Yes or No) | (If not, check to indicate certification) | → |
| <1110 | | | (complete attached warksheet) | |
| <1200> | > Terms and Condition for Lifeline Customers | | (complete attached worksheet) | |
| 9 | Price Cap Carriers, Proceed to Price Cap Additiona | | | |
| <2000> | Including Rate-of-Return Carriers affiliated with I | -псе сар госаї Ехспо | inge Carriers (check to indicate certification) | |
| <2005> | | | (complete attached worksheet) | |
| -חחתביי | Rate of Return Carriers, Proceed to ROR Additions | al Documentation W | ARREST AND ACTION AND AND AND AND AND AND AND AND AND AN | 18888 |
| <3000> | 138 | 3 | (check to indicate certification) (complete attached worksheet) | |

| C010> Study Area Code | Sec. 10. 200 at 1975 | rvice Quality improvement Reporting :lection Form | | FCC Form 483 OMB Control July 2013 | Na. 3050-0986/OMB Control No. | 3060-0819 |
|--|----------------------|--|------------------|--|-------------------------------|-----------|
| O320 Program Year O330 Contact Name - Person USAC should contact regarding this data Drandt Sangaber S418925135 ext: O330 Contact Telaphone Number - Number of person identified in data line <030> O330 Contact Telaphone Number - Number of person identified in data line <030> O330 Contact Email Address - Email Address of person identified in data line <030> 1100 Has your company received its ETC certification from the FCC? If your answer to Line <110- is yes, do you have an existing \$54.202(a) "5 Year plan" filed with the FCC? If your answer to Line <111> is yes, then you are required to file a progress report, on line <1120 delineating the status of your company's existing \$54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telaphony service. 1120 Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. §54.313(a)(1). If your company is a CETC which only receives frozan support, your progress report is only required to address voice telephony service. Please salect the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(a), on line 112, contains a progress report on its five-year service quality Improvement plan pursuant to 854.202(a). The information shall be submitted at the wire center level or census block as appropriate. 1130 Maps detailing progress towards meeting plan targets 1140 How much (USF) was used to improve service quality and how support was used to improve service quality How much (USF) was used to improve service capacity How much (USF) was used to improve service capacity and how support was used to improve service coperage and how support was used to improve service capacity 1150 How much (USF) was used to improve service capacity and how support was used to improve service capacity 1160 How much (USF) was used to improve service capacity and how support was used to improve service capacity 1171 How much (USF) was used to impro | <010> | Study Area Code s | 39007 | | | - 110 |
| Contact Name - Person USAC should contact regarding this data 0355 Contact Telephone Number - Number of person identified in data line co305 Contact Email Address - Email Address of person identified in data line co305 Contact Email Address - Email Address of person identified in data line co305 Contact Email Address - Email Address of person identified in data line co305 Contact Email Address - Email Address of person identified in data line co305 Contact Email Address - Email Address of person identified in data line co305 Contact Email Address - Email Address of person identified in data line co305 Contact Email Address - Email Address of person identified in data line co305 Contact Email Address - Email Address of person identified in data line co305 Contact Email Address - Email Address of person identified in data line co305 Contact Email Address - Email Address of person identified in data line co305 Contact Email Address - Email Address of person identified in data line co305 Contact Email Address - Email Address of person identified in data line co305 Contact Email Address - Email Address of person identified in data line co305 Contact Email Address - Email Address of person identified in data line co305 Contact Email Address of person identified in data line co305 (yes / no) (yes / | <015> | Study Area Name B | AGLE TELEPRON | SYSTEMS, INC. DBA SMAKE RIVER PCS | | |
| Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> capledeeplatelephone.com capledeeplatelephone.com capledeeplatelephone.com capledeeplatelephone.com lif your answer to Line <110> is yes, do you have an existing \$54.202(a) "5 capledeeplatelephone.com lif your answer to Line <111> is yes, then you are required to file a progress report, on line <1112> delineating the status of your company's existing \$54.202(a) "5 year plan" of file with the FCC? (yes / no) lif your answer to Line <111> is yes, then you are required to file a progress report, on line <1112> delineating the status of your company's existing \$54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. capledeeplatelephone.com lif your answer to Line <1112> is yes, then you are required to file a progress report, on line <1112> delineating the status of your company's existing \$54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. capledeeplatelephone.com lif your answer to Line <1112> delineating the status of your company's existing \$54.202(a) "5 year plan" on file with the FCC? (yes / no) (ye | <020> | | 2016 | <u> </u> | | 4 |
| Contact Email Address - Email Address of person identified in data line <a. #"="" href="https://doi.org/10.100/journalswerto-time-running-to-time-ru</td><td><030></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report, on line Year plan" filed with the FCC? Year plan" filed with the FCC? (yes / no) O O </a.> | <035> | Contact retebution Adminer - Nominer of person identified in data fills Cosos | 5418936115 ext | • | | |
| If your answer to Line <110> is yes, do you have an existing \$54.202(a) "5 flyour answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing \$54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telaphony service. \$3900768PC\$481narrative2815.docx **Attach Five-Year Service Quality improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service. **Name of Attached Document** Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to \$54.202(a). The information shall be submitted at the wire center level or census block as appropriate. **Applicable** **Applicable** **Not Applicable** **Not Ap | <039> | Contact Email Address - Email Address of person identified in data line <030> | eagle@eaglate) | ephone.com | | |
| If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telaphony service. 4112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service. Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate. 4113> Maps detailing progress towards meeting plan targets 4114> Report how much (USF) was used to improve service quality and how support was used to improve service quality. How much (USF) was used to improve service coverage and how support was used to improve service coverage. Not Applicable. Not Appli | <110> | | (yes / | no) O O | | |
| If your answer to Line <112> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "S year plan" on file with the FCC, as it relates to your provision of voice telephony servica. **C112>**Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozan support, your progress report is only required to address voice telephony service. **Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire canter level or census block as appropriate. **Applicable** **Applicable** **Applicable** **Not Applicable** **N | <111> | | (ves / | no) O O (not | | |
| Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire canter level or census block as appropriate. <113> Maps detailling progress towards meeting plan targets <114> Report how much universal service (USF) support was received <115> How much (USF) was used to improve service quality and how support was used to improve service quality <116> How much (USF) was used to improve service coverage and how support was used to improve service coverage <117> How much (USF) was used to improve service capacity and how support was used to improve service coverage <118> Provide an explanation of network improvement targets not met | <112> | voice telaphony service. Attach Five-Year Service Quality improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your con CETC which only receives frozen support, your progress report is only | | | ad Document | |
| <1.14> Report how much universal service (USF) support was received <1.15> How much (USF) was used to improve service quality and how support was used to improve service quality <1.16> How much (USF) was used to improve service coverage and how support was used to improve service coverage <1.17> How much (USF) was used to improve service capacity and how support was used to improve service capacity <1.18> Provide an explanation of network improvement targets not met Not Applicable Not Applicable Not Applicable | | that the attached document(s), on line 112, contains a progress report on its five-yr service quality improvement plan pursuant to §54.202(a). The information shall be | rear | Name of Autom | en potulient | |
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| <117> How much (USF) was used to improve service capacity and how support was used to improve service capacity <118> Provide an explanation of network improvement targets not met Vol. 4 pplicable V | <115> | How much (USF) was used to improve service quality and how support was used to improve | service quality | Not Applicable | | |
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| in the prior calendar year. | <118> | Provide an explanation of network improvement targets not met in the prior calendar year. | | Not Applicable | | |

| 010> | Study Area Co | nde | | | | 539007 | | | | | | |
|------|-----------------------------|----------------------|----------------------|--------------------|--------------------|---------------------------------|-------------------|--|---|---|------------------------------|------------------------|
| 015> | Study Area N | ame | | | | EAGLE TELEPE | ONE SYSTEMS, INC. | DBA GNAKE RIVER | FCS | | | |
| 020> | Program Year | | The Assessment | | T-1 | 2016 | | | | | | |
| 030> | | - Person USAC | | | - | Brandi Sang | | | | | | |
| 035> | Contact Telep | hone Number | Number of pe | rson identified | in data line <0 | 30> 5418936115 | ext. | | | | | |
| 039> | Contact Emai | Address - Ema | il Address of pe | rson identified | In data line <0 | 30> eagle@eagle | telephone.com | | | | | |
| 220> | <a>> | <b1></b1> | <b2></b2> | <b3></b3> | <b4></b4> | <c1></c1> | <c2></c2> | <d>></d> | <e></e> | ♦ | ⟨g> | <h>></h> |
| | NORS Reference Number | Outage Start Date | Outage Start Time | Outage End Date | Outage End Time | Number of Customers Affected | Total Number of | 911 Facilities Affected (Yes / No) | Service Outage Description (Check all that apply) | Did This Outage Affect Multiple Study Areas (Yes / No) | Service Outage Resolution | Preventation Procedure |
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| 202003 5840 2440 | ce Offerings Including Voice Rate Data lection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|------------------|---|---|
| | | July 2013 |
| <010> | Study Area Code | 539007 |
| <015> | Study Area Name | EAGLE TELEPHONE SYSTEMS, INC. DBA SKAKE RIVER PCS |
| <020> | Program Year | 2016 |
| <030> | Contact Name - Person USAC should contact regarding this data | Brandi Sanuster |
| <035> | Contact Telephone Number - Number of person Identified in data line <030> | 5418936115 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | gagle@eagletelephone.com |
| the Design | | |
| <701> | Residential Local Service Charge Effective Date 1/1/2015 | |
| <702> | Single State-wide Residential Local Service Charge 23.34 | |

| Stat | SAC (CETC) | Rate Type | Residential Local Service Rate | <b3> State Subscriber Line Charge</b3> | | Mandatory Extended Area Service Charge | Total per line Rates and Fee |
|------|----------------|-----------|--------------------------------|--|------|---|--|
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| _354965 TV PATC | oadband Price Offenings ection Form | FCCForm/4817 OMB Control No. 3050-0986/OMB Control No. 3050-0819 |
|-----------------|---|---|
| | | July 2013 |
| <010> | Study Area Code | 539007 |
| <015> | Study Area Name | EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS |
| <020> | Program Year | 2016 |
| <030> | Contact Name - Person USAC should contact regarding this data | Erandi Sangeter |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5410936115 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | ezgie@eagletelephone.com |
| <711> | (425) (515) | <a> |

| State | Exchange (ILEC) | Residential Rate | State Regulated Fees | Total Rate and Fees | Broadband Service - Download Speed (Mbps) | Broadband Service - Upload Speed (Mbps) | Usage Allowance (GB) | Usage Allowance Action Taken When Limit Reached (select |
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| | erating Companies Lection Form | | | FEC Form/481 OMB Control No. 3050-0986/OMB Comrol No. 3050-0819 July 2013 |
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| <010> | Study Area Code | 539007 | | |
| <015> | Study Area Name | | | |
| <020> | Program Year | 2016 | NE SYSTEMS. INC. DBA | BNRAS, RLVBR, PLS |
| <030> | Contact Name - Person USAC should contact regarding this data | Brandi Sangat | er | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5418936115 ex | | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | eagle@eaglete | elephone.com | |
| <810> | Reporting Carrier Eagle Telephone System, INC dba Smake River | PCS | 8 | |
| <811> | Holding Company Ragie Telephone Systems, Inc. | | | |
| <812> | Operating Company Eagle Telephone System, INC dba Snake River | PCS | | |
| <813> | .⇔1> | | (e2) | < 65 > |
| | Affiliates | | SAC | Doing Business As Company or Brand Designation |
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| <010> | Study Area Code | | 539007 | |
| <015> | Study Area Name | | EAGLE TELEFRONE SYSTEMS, INC. DRA SNAKE RIVER PCE | |
| <020> | Program Year | | 2016 | |
| <030> | Contact Name - Person USAC should contact regarding this data | 070: | Brandi Sangater 5418936115 ext. | |
| <035> | Contact Telephone Number - Number of person identified in data line < | | The second secon | |
| <039> | Contact Email Address - Email Address of person identified in data line < | 030> | eagle@eagletelephone.com | |
| <910> | Tribal Land(s) on which ETC Serves | | | 6 |
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| <920> | Tribal Government Engagement Obligation | | | |
| 1020 | The covernment Engagement Configuration | | e e | |
| | L | | No. of the Laboratory | |
| | | E | Name of Attached Document | |
| lf vour c | company serves Tribal lands, please select (Yes, No, NA) for each these boxes | | | |
| 1000000 | rm the status described on the attached document(s), on line 920, | | | |
| | trates coordination with the Tribal government pursuant to | | Select | |
| | 3(a)(9) includes: | 300 | es or No or | |
| 3 - 11-21 | Tulto, modulas. | No | ot Applicable | |
| <921> | Needs assessment and deployment planning with a focus on Tribal community anchor institutions. | 111 | | |
| <922> | Feasibility and sustainability planning; | | | |
| <923> | Marketing services in a culturally sensitive manner; | | | |
| <924> | Compliance with Rights of way processes | | | |
| <925> | Compliance with Land Use permitting requirements | | | |
| <926> | Compliance with Facilities Siting rules | | | |
| <927> | Compliance with Environmental Review processes | | | |
| <928> | Compliance with Cultural Preservation review processes | | | |
| <929> | Compliance with Tribal Business and Licensing requirements. | - | | |
| -263/ | extributions are tring position and regularity tedriligities. | L | | |
| | | | | |
| | | | a | |

| /4300\A | o:Terrestrial Backhaul Reporting | FCC Form 481 |
|---------------------|--|--|
| ONE STONE OF STREET | lection Form | OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
| <010> | Study Area Code | 539007 |
| <015> | Study Area Name | EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS |
| <020> | Program Year | 2016 |
| <030> | Contact Name - Person USAC should contact regarding this data | Brandi Sangster |
| <035> | Contact Telephone Number - Number of person Identified in data line <030> | 5418936115 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | eagle@eagletelephone.com |
| <1120> | Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No). | |
| <1130> | Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 250 upstream within the supported area pursuant to § 54.313(g). | 5 kbps |
| | w * | e e e e e e e e e e e e e e e e e e e |
| | | |
| | | |

| Lifeline : | rms and Condition for Lifeline Customers ection Form | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|------------|--|---------|--|
| <010> | Study Area Code | | 529007 |
| <015> | Study Area Name | | EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS |
| <020> | Program Year | 1000 | 2016 |
| <030> | Contact Name - Person USAC should contact regarding this data | | Brandi Sangster |
| <035> | Contact Telephone Number - Number of person identified in data line | <030> | 5410936115 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line | <030: | eagle@eagletelephops.com |
| <1210> | Terms & Conditions of Voice Telephony Lifeline Plans | | lifelins basic service ad poster modified.pdf |
| | 2 | 1 | Name of Attached Document |
| <1220> | Link to Public Website | TTP | www.eaglatelephone.com |
| or the we | neck these boxes below to confirm that the attached document(s), on line 121 bsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must report: | 0, | |
| <1221> | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | 1 | |
| <1222> | Details on the number of minutes provided as part of the plan, | 7 | |
| <1223> | Additional charges for toll calls, and rates for each such plan. | 1 | |

| 2000) Pri | ce Cap Carrier Additional Documentation | » PCEEpm 481 |
|---------------|--|--|
| ata Colle | iction Form | OMB Control No. 3060-0986/QMB Control No. 3060-0819 |
| ncluding | Role-of-Return Carriers offillated With Price Cop. Local Exchange Carriers | July 2013 |
| <010> | Study Area Code | |
| <015> | Study Area Name | 53907 |
| <020> | Program Year | EAGLE TELEPRONE SYSTEMS, INC. DEA SMAKE RIVER FCS |
| | Contact Name - Person USAC should contact regarding this data | 2016 |
| | Contact Telephone Number - Number of person identified in data line <030> | Grandi Sangater |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | eagleweaglatelaphone.com |
| | | eagleseagantalaguous, com |
| | | |
| | | a recipient of incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, |
| Connect A | umerica Phase il support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The inform | mation reported on this form and in the documents attached below is accurate. |
| | Incremental Connect America Phase I reporting | |
| <z010></z010> | 2nd Year Certification (47 CFR § 54.313(b)(1)i) | |
| <2011a> | 3rd Year Certification (47 CFR § 54.313(b)(1)ii) | |
| <2011b> | Attachment (47 CFR § 54.313(b)(1)ii) | 9 |
| <50110> | Attachment (47 CFR 9 54.515(b)(1)ii) | I I |
| | | |
| | | Name of Attached Document(s) Listing Required Information |
| | -1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | |
| | Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a)) | 1 |
| <2012> | 2013 Frozen Support Calculation (47 CFR § 54.313(c)(1)) | |
| <2013> | 2014 Frozen Support Calculation (47 CFR § 54.313(c)(2)) | |
| <2014> | 2015 Frozen Support Calculation (47 CFR § 54.313(c)(3)) | And the state of t |
| <2015> | 2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(4)) | |
| | Price Cap Carrier Connect America ICC Support (47 CFR § \$4.313(d)) | |
| <2016> | | |
| 1757FR | a a oh u n (an epn f ra nant-V | |
| <2017> | Connect America Phase II Reporting (47 CFR § 54.313(e)) 3rd year Broadband Service Certification | |
| <2018> | | |
| <2019> | Titl Year Diopopolitic Set vice continuation | v |
| <2020> | | pp 2021 apple line him and timed in ferminal in |
| ~2020 | Please check the box to confirm that the attached document(s), on lipursuant to § 54.313 (a)(3)(ii), as a recipient of CAF Phase II supports | shall provide the number, names, and |
| | addresses of community anchor institutions to which began providing | g access to broadband service in the |
| | preceding calendar year. | 100000000000000000000000000000000000000 |
| | AND AND THE TOTAL SECTION AND AND AND AND AND AND AND AND AND AN | |
| <2021> | Interim Progress Community Anchor Institutions | |
| | | 1 |
| | | |
| | | Name of Attached Documents) Listing Required Information |
| | | |

| ### State of Attached Document Litting Required Information Program Pro | 100000000000000000000000000000000000000 | te Of Firtum Carrier Additional Documentation | FCCForm 483 CMB Control No. 3060-0988/CMB Control No. 3060-0819/ July 2013 |
|--|---|---|--|
| Program Year Cotto: Context Full-photes Number - Person USEC should context regarding this data Board S. Benands A. (1985) Context Full-photes Number - New Year - Name of Person (1985) Context Full-photes Number - New Year - Name of Person (1985) Context Full-photes Number - New Year - Name of Person (1985) Context Full-photes Number - New Year - Name of Person (1985) Context Full-photes Number - New Year - Name of Person (1985) Context Full-photes Number - New Year - Name of Person (1985) Context Full-photes Number - Name of Name of Person (1985) Context Full-photes Number - Name of Name | - <010> | | 539007 |
| OCHICA (Name - Prison (LASA) - (Included and Control of the Association of the Control of the Co | | | |
| Cottest Telephone Number - Number of presson identified in data line of 2005 Contact Telephone Number - Number of presson identified in the 1005 Contact Telephone Number - Number of Presson in the Number of Presson in the Number of Nu | | | |
| Contract time Address Empl Address Company Address Com | | | |
| CRE \$4.8.31(f)(2), it has because below to sorts compliance on his the year service quality place (pure with the financial reporting requirements set forth in 4 CRE \$4.8.31(f)(2), it further out'lly date the Information reported on this form and in the documents attached below is soccers. (2010) Progress Report on 5 Year Plan Millestone Certification (40 CPC in §4.4.33(f)(1)(3)) Name of Atta chied Document Utiling Required information Prices ocheck this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to general providing access to broadband services in the providing determined to the number of the providing access to broadband services in the providing determined to the providing determined to the providing access to broadband services in the services of the providing determined to the providing access to broadband services in the services of the providing determined to the providing access to broadband services in the services of the providing determined to the providing access to broadband services in the services of the providing access to broadband services in the services of the providing access to broadband services in the services of the the services o | | | esole@negletelephone.com |
| Name of Attached Decument Listing Required information | | he bexes below to note compliance on its five year service quality plan (pursuan | t to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 |
| SS.4.313 (f)(1)(6), the carrier rhall provide the number, remain, and eddresses of community anchor hastitutions to which began providing access to be branches nervice in the preventing celeridar year. Solidar State | (2010) | | Name of Attached Document Litting Required Information |
| Name of Attached Document Listing Required Information (You/No) Name of Attached Document (Name of Attached Document Listing Required Information (Name of Attached Docume | | § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and eddre | 012 contains the required information pursuant to ssees of community anchor institutions to which began |
| Eyour companys Printary Virial Not Carrier (47 CH 5 84.315(f(2)) (Ver/No) | (502Z) | Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii)) | |
| Electronic copy of their annual RUS reports (Operating Report for Telecommunications Sorrowers) | | | (Yes/No) |
| Telecommunications Street, Income Statement and Statement of Cash Flows [3017] If the response is yes on line 3014, stractly your company's RUS sensual report and all required documentation Name of Attached Document Listing Required Information Name o | Please | check these boxes to confirm that the attached document(s), on line 3017 | 7, contains the required information pursuant to § 64.913(f)(2) compliance requires: |
| (\$0.17) If the response is yes on line \$0.14, is your company's RUS annual report and all required documentation Name of Attached Document Listing Required Information (\$0.18) If the response is no on line \$0.18, places check the boose below to confirm your submission, on line \$0.28, places check the boose below to confirm your submission, on line \$0.28, places check the boose below to confirm your submission. The Russian Property of their audited financial statement or (\$2.5 insurant to grants) in a format companish to RUS Operating Report for Telecommunications (\$0.00) Document(s) for Balainos Sheet, income Statement and Statement of Cash Flows (\$0.00) Management leiter and audit opinion issued by the independent certified public accountant in the performed the company's financial audit. If the response is no on line \$0.00 places check the boose below to confirm your admission, on line \$0.00 places check the boose below to confirm your admission, on line \$0.00 places check the boose below to confirm your admission, on line \$0.00 places check the boose below to confirm your admission, on line \$0.00 places check the boose below to confirm your admission, on line \$0.00 places check the boose below to confirm your admission, on line \$0.00 places check the boose below to confirm your admission, on line \$0.00 places check the boose below to confirm your admission, on line \$0.00 places (people of the financial statement which has been subject to review by an independent certified public accountant. [\$0.000] Copy of their financial statement which has been subjected to a review by an independent certified public accountant. [\$0.000] Underlying information subjected to an officer certification. [\$0.000] Document(s) for Balance Sheet, income Statement and Statement of Cash Flows. | (8015) | | |
| Sales If the response is no on line 3014, is your company audited? (Yes/No) (Yes | (9016) | Document(s) for Balance Sheet, Income Statement and Statement of Car | sh Flows |
| If the response is no on line 8014, is your company audited? (Yes/No) | (8017) | | |
| sf the response is yes on line 3018, plasss check the boxes below to confirm your submission, on line 3026 pursuant to \$54.313f()(2), ontains (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications [3020] Document(s) for Balance Sheet, income Statement and Statement of Cash Flows [3021] Management lettler and audit opinion issued by the independent certified public accountant that performed the company's financial audit [3022] If the response is a to confirm your admission, on line 3026 pursuant to \$54,313()(21), contains: [3022] Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Falcommunications [3023] Moderning information subjected to a review by an independent certified public accountant [3024] Underlying information subjected to an officer certification. [3025] Occument(s) for Balance Sheet, income Statement and Statement of Cash Flows. [5026] Attach the worksheet listing required information | | | Name of Attached Document Listing Required Information |
| If the response is yes on line 3018, places check the boxes below to confirm your submission, on line 3028 pursuant to \$54.315f(2), contains [3019] Either a copy of their audited financial statement or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications [3020] Document(s) for Balance Sheet, income Statement and Statement of Cash Flows [3021] Management leitler and audit opinion issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3028, please check the boxes below to confirm your admission, on line 3028 pursuant to \$54.313()(1), contains: [3022] Copy of their financial statement which has been subject to review by an indepantient certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Falscommunications Borrowers. [3023] Underlying Information subjected to an officer certification. [3024] Underlying Information subjected to an officer certification. [3025] Attach the worksheet listing required information | (3018) | if the response is no on line 8014, is your company audited? | (Yes/No) [C][C] |
| (3029) Either a copy of their audited financial statement or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications (3021) Management letter and sudit opinion issued by the independent certified public accountant that performed the company's financial audit If the response is no on line 3028, please check the bases below to confirm your submission, on line 3028 pursuant to § 54,315(1); contains: (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications (3023) Underlying information subjected to a review by an independent certified public accountant (3024) Underlying information subjected to a review by an independent certified public accountant (3024) Underlying information subjected to a review by an independent certified public accountant (3024) Underlying information subjected to an officer certification. (3025) Occurrent(s) for Batance Sheet, (noome Statement and Statement of Cash Flows. | | If the response is yes on line 3018, places check the boxes below to | |
| Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit If the response is no on time 3018, please check the baxes below to confirm your admission, on him 3028 pursuant is \$4.9.316(1x), contains: Social Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RMS Operating Report for Telecommunications Borrowers, Social Copy of their financial inspired to a review by an independent certified public accountant Underlying Information subjected to an officer certification. Underlying Information subjected to an officer certification. Decument(s) for Balance Sheet, Income Statement and Statement of Cash Flows. (3026) Attach the worksheet listing required information | (3019) | | ormat comparable to RUS Operating Report for Telecommunications |
| If the response is no on line 3018, please check the boxes below to confirm your admission, on line 3026 pursuant to § 54.318(f)(1), contains: [\$0022] Copy of their financial statement which has been subject to review by an indepandent certified public accountant; or 2) a financial report in a format comparable to RIM Operating Report for Falsenamulations Borrowers, [\$0023] Mediying information subjected to a review by an independent certified public accountant [\$0024] Underlying information subjected to an officer certification. [\$0025] Document(s) for Balance Sheet, income Statement and Statement of Cash Flows. [\$0026] Attach the worksheet listing required information | (3020) | Document(s) for Balance Sheet, Income Statement and Statement of C | ash Flows |
| If the response is no on line 3018, please check the boxes below to confilm your malameters, on line 3028 pursuant to § 54.5316(1); contains: (\$0022) Copy of their financial statement which has been subject to review by an independent certified public accountment; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers. (\$0023) Underlying Information subjected to a review by an independent certified public accountment Underlying Information subjected to an officer certification. (\$0026) Attach the worksheet listing required information (\$0026) Attach the worksheet listing required information | (3021) | Management letter and audit opinion issued by the independent certified pr | ublic accountant that performed the company's financial audit |
| Independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers. [302a] Underlying Information subjected to a review by an independent certified public accountant. [302b] Underlying Information subjected to an officer certification. [302c] Underlying Information subjected to an officer certification. [302c] Object of Salance Sheet, (noome Statement and Statement of Cash Flows. | | If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54,913(f)(2), | - |
| public accountant Underlying Information subjected to an officer certification. (8028) Document(s) for Balance Sheet, income Statement and Statement of Cash Flows. (8026) Attach the worksheet listing required information | (5022) | Independent certified public accountant; or 2] a financial report in a format comparable to RUS Operating Report for Telecommunications | □ |
| (3025) Document(a) for Batance Sheet, Income Statement and Statement of Cash Flows. (5026) Attach the worksheet listing required information | (3023) | | <u> </u> |
| | | | ash Flows |
| | (5026) | Attach the worksheet listing required information | |

| Study Ares Name Program Year Contact Name - Person USAC should contact regarding the Contact Telephone Number - Number of person Identified Contact Email Address - Email Address of person Identified | in data line <030> | RAGUE TELEPHON 2016 Brandi Sangat 5418936115 ex | <u> </u> | A SNAKE RIVER PCS | | |
|--|--------------------|---|----------|--|----------------------|----|
| | | | | Manager State of the State of t | MUSERONIS AND INCIDE | |
| nancial Data Summary | | | | | | 6) |
| 3027) Revenue | | | | 920 | | |
| (3028) Operating Expenses | | | | | | |
| (3029) Net Income | | | | | | |
| 3030) Telephone Plant In Service(TPIS) | | | | | | |
| 3031) Total Assets | <u> </u> | | | | | |
| 3032) Total Debt | | | | | | |
| 3033) Total Equity | | | | | | |
| 3034) Dividends | | | | | K1 | |
| | | | | | | |
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| Certification - Reporting Carrier Data Collection Form | FCC Form 481 OMB Control July 2013 | No. 3060-0986/GMB Control No. 3060-0819 |
|--|--|---|

| <010> | Study Area Code | 539007 |
|-------|---|---|
| <015> | Study Area Name | EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS |
| <020> | Program Year | 2016 |
| <030> | Contact Name - Person USAC should contact regarding this data | Brandi Sangster |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5418936115 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | eagle@eagletelephone.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or U Recipients

l certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: EAGLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS

Signature of Authorized Officer: CERTIFIED ONLINE

Date 06/29/2015

Printed name of Authorized Officer: Mike Lattin

Title or position of Authorized Officer: President

Telephone number of Authorized Officer: 5418936115 ext.

Study Area Code of Reporting Carrier: 53:

Filing Due Date for this form: 07/01/2015

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

| Data Coll | tion - Agent //Carrier lection Form | FCC Form 481 OMB Control No. 3060-0986/CMB Control No. 3060-0819 9 July 2013 |
|-----------|---|--|
| <010> | Study Area Code | 539007 |
| <015> | Study Area Name | RACLE TELEPHONE SYSTEMS, INC. DBA SNAKE RIVER PCS |
| <020> | Program Year | 2016 |
| <030> | Contact Name - Person USAC should contact regarding this data | Brandi Sangster |
| <035> | Contact Telephone Number - Number of person Identified in data line <030> | 5418936115 ext, |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | eagle@eagletelephone.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

| certify that (Name of Agent) | is authorized to submit the information reported on behalf of the reporting | no carrier. I |
|---|---|---------------|
| also certify that I am an officer of the reporting carrier; m agent; and, to the best of my knowledge, the reports and | responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the a | |
| Name of Authorized Agent: | | |
| Name of Reporting Carrier: | | |
| Signature of Authorized Officer: | Date: | |
| Printed name of Authorized Officer: | | |
| Title or position of Authorized Officer: | | |
| Telephone number of Authorized Officer: | | |
| Study Area Code of Reporting Carrier: | Filing Due Date for this form: | |
| Persons willfully making false statements on this form ca | ne punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent Au | orized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier |
|--|--|
| | to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided ing carrier; and, to the best of my knowledge, the information reported herein is accurate. |
| Name of Reporting Carrier: | |
| Name of Authorized Agent or Employee of Agent: | |
| Signature of Authorized Agent or Employee of Agent: | Date: |
| Printed name of Authorized Agent or Employee of Agent: | |
| Title or position of Authorized Agent or Employee of Agent | |
| Telephone number of Authorized Agent or Employee of Agen | |
| Study Area Code of Reporting Carrier: | Filing Due Date for this form: |

Attachments

AFFIDAVIT CERTIFYING USE OF UNIVERSAL SERVICE FUNDS

I, Mike Lattin, being of lawful age and duly sworn, on my oath, state that I am the President of Eagle Telephone System, d.b.a. Snake River PCS and that I am authorized to execute this Affidavit on behalf of the Company, and the facts set forth in this Affidavit are true to the best of my knowledge, information and belief.

Pursuant to the requirements of the Federal Communications Commission, 47 C.F.R. § 54.314, Eagle Telephone System, d.b.a. Snake River PCS hereby certifies to the Public Utility Commission of Oregon that it is eligible to receive federal high-cost support for the program years cited.

I attest that all federal high-cost support provided to Eagle Telephone System, d.b.a. Snake River PCS in Oregon was used in the preceding calendar year (2014) and will be used in the coming calendar year (2016) only for the provision, maintenance and upgrading of facilities and services for which the support is intended.

| DATED this 24 day of June, 201 | 5. |
|--|---------------------------|
| By: Row. | (Officer's Name) |
| Its: President | (Officer's Title) |
| SUBSCRIBED AND SWORN to before me th | nis 24 day of June, 2015. |
| Brand & Lingster | · |
| Notary public in and for the State of Over | gon |

2.14

My Commission Expires: July 26, 2016

AFFIDAVIT CERTIFYING EMERGENCY FUNCTIONALITY AND COMPLIANCE WITH SERVICE QUALITY AND CONSUMER PROTECTION MEASURES 54.313(a)(5) AND 54.313(a)(6)

J. Mike Lattin, being of lawful age and duly sworn, on my oath, state that I am the President of Eagle Telephone System, inc. d.b.a. Snake River PCS and that I am authorized to execute this Affidavit on behalf of the Company, and the facts set forth in this Affidavit are true and accurate to the best of my knowledge, information, and belief.

The Company hereby certifies to the **Oregon Public Utility Commission**, **Federal Communications Commission**, and the **Universal Service Administrative Company** pursuant to the requirements under 47 C.F.R. 54.313(a)(5) and 54.313(a)(6) that in the provisioning of wireless voice services:

- Snake River PCS has established operating procedures designed to facilitate compliance with applicable consumer protection rules.
- 2) Snake River PCS has established operating procedures designed to facilitate compliance with the CTIA Consumer Code for Wireless Carriers.
- Snake River PCS has established operating procedures designed to facilitate compliance with service quality standards which may include customer remedies and improvement plans.
- 4) Snake River PCS is able to remain functional in emergency situations including a reasonable amount of back-up power to ensure functionality without an external power source, the ability to re-route traffic around damaged facilities, and the capability to manage traffic spikes resulting from emergency situations.

| DATED this 24th day of June, 2015. |
|--|
| Eagle Telephone System, Inc. d.b.a. Snake River PCS |
| By: Die |
| Mike Lattin |
| President |
| SUBSCRIBED AND SWORN to before me this 24th day of June, 2015. |
| Notary Public in and for the State of Oregon |
| My Commission Expires: July 26, 2016 OFFICIAL SEA BRANDI A SANG NOTARY PUBLIC - O |

AFFADAVIT CERTIFYING COMPLIANCE WITH SERVICE QUALITY AND CONSUMER PROTECTION MEASURES 54.313(a)(5) AND 54.313(a) (6)

J, <u>Mike Lattin</u>, being of lawful age and duly sworn, on my oath, state that I am the President of <u>Eagle Telephone System</u>, <u>Inc. d.b.a. Snake River PCS</u> and that I am authorized to execute this Affidavit on behalf of the Company, and the facts set forth in this Affidavit are true and accurate to the best of my knowledge, information, and belief.

The Company hereby certifies to the **Oregon Public Utility Commission**, **Federal Communications Commission**, and the **Universal Service Administrative Company** pursuant to the requirements under 47 C.F.R. 54.313(a)(5) and 54.313(a)(6) that in the provisioning of wireless voice services:

- 1) Snake River PCS has established operating procedures designed to facilitate compliance with applicable consumer protection rules.
- 2) Snake River PCS has established operating procedures designed to facilitate compliance with service quality standards which may include customer remedies and improvement plans.
- 3) Snake River PCS uses the CTIA Consumer Code for Wireless Carriers as a guideline for providing our customers with information to help them make informed choices when selecting wireless service. We disclose all of our rates and terms of service to the customer, in the form of plan pamphlets and information on our website. We have maps available that show where our service is generally available. We provide contract terms to customers and confirm changes in service. We allow a 30 day trial period for all new service connects. We provide specific disclosures in our advertising. We separately identify carrier charges from state and federal taxes on our billing statements and we also disclose said taxes on our website and plan pamphlets. We provide the customer the right to terminate service for changes to contract terms. We provide ready access to customer service with our telephone number and customer service contact information on our website and billing statements. We respond to customer inquiries and complaints from government agencies within 30 days of receiving complaints from any such agency. We abide by federal CPNI laws regarding customer privacy. We provide customers with free notifications for voice, data and messaging usage and international roaming. We clearly disclose tools and services for the customer to track, monitor and/or set limits on their voice, messaging, roaming and data usage.

DATED this 24th day of June 2015.

Eagle Telephone System, Inc. d.b.a. Snake River PCS

Mike Lattin

President

| SUBSCRIBED AND SWORN to before me this 24th day of | of <u>June</u> , 2015. |
|--|---|
| Notary Public in and for the State of Oregon | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| My Commission Expires: July 26, 2016 | OFFICIAL SEAL BRANDI A SANGSTER NOTARY PUBLIC - OREGON COMMISSION NO. 470340 MY COMMISSION EXPIRES JULY. 26, 2016 |

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NEED ASSISTANCE PAYING YOUR TELEPHONE BILL? YOU MAY QUALIFY FOR THE OREGON TELEPHONE ASSISTANCE PROGRAM (OTAP).

Snake River PCS is your local wireless provider and a participant in the Oregon Telephone Assistance Program (OTAP), which can provide low-income households discounts of up to \$12.75 off our basic service rate. To find out if you qualify, visit www.puc.state.or.us. Qualifying low-income households may apply for the OTAP program online at http://www.rspf.org or www.puc.state.or.us

We provide our customers reliable, quality cellular service with our basic mobile mini-plan at a price comparable to that of our local basic wire-line service.

Basic Cellular Service Available From Snake River PCS

Our basic mini plan includes 200 daytime local minutes, 40 travel minutes, free incoming texts, unlimited long distance (within your minute allotment), voicemail, caller id and unlimited mobile to mobile minutes (with all other SRPCS customers). This plan is available at \$23.34 per month, taxes included. Our taxes do not change from month to month, this is a set rate. The OTAP credit is available on all of our service plans. If you have questions regarding our plans or assistance programs, please contact us at 541-8936115 or stop by our office at 349 1st Street, Richland, OR. For more information regarding the lifeline/link up America telephone assistance programs please visit www.lifeline.gov. * The program is limited to one discount per household. Use the household worksheet if there are multiple subscribers at one address. The service is not transferable and only eligible customers may enroll in the program. Federal lifeline supports are paid entirely by the Federal Lifeline Program.



YOUR TELEPHONE SERVICE IS YOUR LIFELINE!

541-893-6115 www.eagletelephone.com